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*LIMITED TO MATTERS
AND PROCEEDINGS BEFORE
FEDERAL COURTS & AGENCIES
**REGISTERED PATENT AGENT
***SENIOR COUNSEL

August 1, 2001

WRITER'S DIRECT NUMBER:
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Commissioner for Patents
Washington, D.C. 20231

Box Missing Parts

Re: U.S. Utility Patent Application
Appl. No. 09/801,725; Filed: March 9, 2001
For: **System and Method for Sending Electronic Mail and Parcel Delivery
Notification Using Recipient's Identification Information**
Inventors: King *et al.*
Our Ref: 1591.0050001/RES/RDL

Sir:

The following documents are forwarded herewith for appropriate action by the U.S.
Patent and Trademark Office:

1. Petition for Extension of Time under 37 C.F.R. § 1.136(a) (*in duplicate*);
2. PTO Fee Transmittal Form PTO/SB/17 (*in duplicate*);
3. Copy of the Notice to File Missing Parts;
4. Original Declaration, executed by the inventors;
5. An original executed Power of Attorney from Assignee;
6. Certificate Under 37 C.F.R. § 3.73(b);
7. Information Disclosure Statement (*in duplicate*);

Commissioner for Patents

August 1, 2001

Page 2

8. PTO Form 1449 (1 page) listing 3 documents (Document Nos. AA1-C1);
9. Copies of the 3 documents listed on the PTO Form 1449 (Document Nos. AA1-AC1);
10. Return postcard; and
11. Our Check No. 32054 for \$520.00 to cover:
\$390.00 Extension for reply within second month and
\$130.00 Surcharge for late filing of Declaration (37 C.F.R. § 1.16).

It is respectfully requested that the attached postcard be stamped with the filing date of these documents and returned to our courier.

The U.S. Patent and Trademark Office is hereby authorized to charge any fee deficiency, or credit any overpayment, to our Deposit Account No. 19-0036. If extensions of time under 37 C.F.R. § 1.136 other than those otherwise provided for herewith are required to prevent abandonment of the present patent application, then such extensions of time are hereby petitioned, and any fees therefor are hereby authorized to be charged to our Deposit Account No. 19-0036. A duplicate copy of this letter is enclosed.

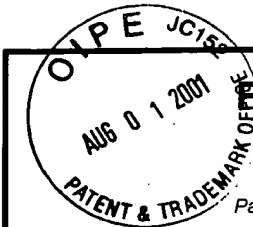
Respectfully submitted,

STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C.



Robert Sokohl
Attorney for Applicants
Registration No. 36,013

RES/RDL/law
Enclosures



FREE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

| | | | |
|-------------------------|------------|----------------------|----------------------|
| TOTAL AMOUNT OF PAYMENT | (\$520.00) | Complete if Known | |
| | | Application Number | 09/801,725 |
| | | Filing Date | March 9, 2001 |
| | | First Named Inventor | Tim King |
| | | Examiner Name | To be assigned |
| | | Group Art Unit | 2152 |
| | | Attorney Docket No. | 1591.0050001/RES/RDL |

| METHOD OF PAYMENT (check one) | | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----|-----|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:</p> <p>Deposit Account Number: 19-0036</p> <p>Deposit Account Name: Sterne, Kessler, Goldstein & Fox P.L.L.C.</p> <p><input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27</p> | | <p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> </tr> <tr> <td>112</td> <td>920*</td> <td>112</td> <td>920*</td> </tr> <tr> <td>113</td> <td>1,840*</td> <td>113</td> <td>1,840*</td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> </tr> <tr> <td>116</td> <td>390</td> <td>216</td> <td>195</td> </tr> <tr> <td>117</td> <td>890</td> <td>217</td> <td>445</td> </tr> <tr> <td>118</td> <td>1,390</td> <td>218</td> <td>695</td> </tr> <tr> <td>128</td> <td>1,890</td> <td>228</td> <td>945</td> </tr> <tr> <td>119</td> <td>310</td> <td>219</td> <td>155</td> </tr> <tr> <td>120</td> <td>310</td> <td>220</td> <td>155</td> </tr> <tr> <td>121</td> <td>270</td> <td>221</td> <td>135</td> </tr> <tr> <td>138</td> <td>1,510</td> <td>138</td> <td>1,510</td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> </tr> <tr> <td>141</td> <td>1,240</td> <td>241</td> <td>620</td> </tr> <tr> <td>142</td> <td>1,240</td> <td>242</td> <td>620</td> </tr> <tr> <td>143</td> <td>440</td> <td>243</td> <td>220</td> </tr> <tr> <td>144</td> <td>600</td> <td>244</td> <td>300</td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>130</td> </tr> <tr> <td>123</td> <td>130</td> <td>123</td> <td>130</td> </tr> <tr> <td>126</td> <td>180</td> <td>126</td> <td>180</td> </tr> <tr> <td>581</td> <td>40</td> <td>481</td> <td>40</td> </tr> <tr> <td>146</td> <td>710</td> <td>246</td> <td>355</td> </tr> <tr> <td>149</td> <td>710</td> <td>249</td> <td>355</td> </tr> <tr> <td>179</td> <td>710</td> <td>279</td> <td>355</td> </tr> <tr> <td>169</td> <td>900</td> <td>169</td> <td>900</td> </tr> </tbody> </table> | | Large Entity | Small Entity | | | 105 | 130 | 205 | 65 | 127 | 50 | 227 | 25 | 139 | 130 | 139 | 130 | 147 | 2,520 | 147 | 2,520 | 112 | 920* | 112 | 920* | 113 | 1,840* | 113 | 1,840* | 115 | 110 | 215 | 55 | 116 | 390 | 216 | 195 | 117 | 890 | 217 | 445 | 118 | 1,390 | 218 | 695 | 128 | 1,890 | 228 | 945 | 119 | 310 | 219 | 155 | 120 | 310 | 220 | 155 | 121 | 270 | 221 | 135 | 138 | 1,510 | 138 | 1,510 | 140 | 110 | 240 | 55 | 141 | 1,240 | 241 | 620 | 142 | 1,240 | 242 | 620 | 143 | 440 | 243 | 220 | 144 | 600 | 244 | 300 | 122 | 130 | 122 | 130 | 123 | 130 | 123 | 130 | 126 | 180 | 126 | 180 | 581 | 40 | 481 | 40 | 146 | 710 | 246 | 355 | 149 | 710 | 249 | 355 | 179 | 710 | 279 | 355 | 169 | 900 | 169 | 900 |
| Large Entity | Small Entity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 105 | 130 | 205 | 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 127 | 50 | 227 | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 139 | 130 | 139 | 130 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 147 | 2,520 | 147 | 2,520 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 112 | 920* | 112 | 920* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 113 | 1,840* | 113 | 1,840* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 115 | 110 | 215 | 55 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 116 | 390 | 216 | 195 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 117 | 890 | 217 | 445 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 118 | 1,390 | 218 | 695 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 128 | 1,890 | 228 | 945 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 119 | 310 | 219 | 155 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 120 | 310 | 220 | 155 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 121 | 270 | 221 | 135 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 138 | 1,510 | 138 | 1,510 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 140 | 110 | 240 | 55 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 141 | 1,240 | 241 | 620 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 142 | 1,240 | 242 | 620 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 143 | 440 | 243 | 220 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 144 | 600 | 244 | 300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 122 | 130 | 122 | 130 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 123 | 130 | 123 | 130 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 126 | 180 | 126 | 180 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 581 | 40 | 481 | 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 146 | 710 | 246 | 355 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 149 | 710 | 249 | 355 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 179 | 710 | 279 | 355 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 169 | 900 | 169 | 900 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other*</p> <p>*Charge any deficiencies or credit any overpayments in the fees or fee calculations of Parts 1, 2 and 3 below to Deposit Account No. 19-0036.</p> | | <p>Fee Description</p> <p>Surcharge - late filing fee or oath</p> <p>Surcharge - late provisional filing fee or cover sheet</p> <p>Non-English specification</p> <p>For filing a request for <i>ex parte</i> reexamination</p> <p>Requesting publication of SIR prior to Examiner action</p> <p>Requesting publication of SIR after Examiner action</p> <p>Extension for reply within first month</p> <p>Extension for reply within second month</p> <p>Extension for reply within third month</p> <p>Extension for reply within fourth month</p> <p>Extension for reply within fifth month</p> <p>Notice of Appeal</p> <p>Filing a brief in support of an appeal</p> <p>Request for oral hearing</p> <p>Petition to institute a public use proceeding</p> <p>Petition to revive - unavoidable</p> <p>Petition to revive - unintentional</p> <p>Utility issue fee (or reissue)</p> <p>Design issue fee</p> <p>Plant issue fee</p> <p>Petitions to the Commissioner</p> <p>Petitions related to provisional applications</p> <p>Submission of Information Disclosure Stmt</p> <p>Recording each patent assignment per property (times number of properties)</p> <p>Filing a submission after final rejection (37 CFR 1.129(a))</p> <p>For each additional invention to be examined (37 CFR 1.129(b))</p> <p>Request for Continued Examination (RCE)</p> <p>Request for expedited examination of a design application</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>FEE CALCULATION</p> <p>1. BASIC FILING FEE</p> <table border="1"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>710</td> <td>201</td> <td>355</td> <td>Utility filing fee</td> <td></td> </tr> <tr> <td>106</td> <td>320</td> <td>206</td> <td>160</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107</td> <td>490</td> <td>207</td> <td>245</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108</td> <td>710</td> <td>208</td> <td>355</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114</td> <td>150</td> <td>214</td> <td>75</td> <td>Provisional filing fee</td> <td></td> </tr> </tbody> </table> <p>SUBTOTAL (1) (\$) _____</p> | | Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid | 101 | 710 | 201 | 355 | Utility filing fee | | 106 | 320 | 206 | 160 | Design filing fee | | 107 | 490 | 207 | 245 | Plant filing fee | | 108 | 710 | 208 | 355 | Reissue filing fee | | 114 | 150 | 214 | 75 | Provisional filing fee | | <p>2. EXTRA CLAIM FEES</p> <table border="1"> <thead> <tr> <th>Extra</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims _____ - 20** = _____</td> <td>X _____</td> <td>= _____</td> </tr> <tr> <td>Indep. Claims _____ - 3** = _____</td> <td>X _____</td> <td>= _____</td> </tr> <tr> <td>Multiple Dependent _____</td> <td></td> <td>= _____</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>102</td> <td>80</td> <td>202</td> <td>40</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>104</td> <td>270</td> <td>204</td> <td>135</td> <td>Multiple dependent claim</td> </tr> <tr> <td>108</td> <td>80</td> <td>209</td> <td>40</td> <td>**Reissue independent claims over original patent</td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>**Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table> <p>SUBTOTAL (2) (\$) _____</p> | | Extra | Fee from below | Fee Paid | Total Claims _____ - 20** = _____ | X _____ | = _____ | Indep. Claims _____ - 3** = _____ | X _____ | = _____ | Multiple Dependent _____ | | = _____ | Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | 103 | 18 | 203 | 9 | Claims in excess of 20 | 102 | 80 | 202 | 40 | Independent claims in excess of 3 | 104 | 270 | 204 | 135 | Multiple dependent claim | 108 | 80 | 209 | 40 | **Reissue independent claims over original patent | 110 | 18 | 210 | 9 | **Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 101 | 710 | 201 | 355 | Utility filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 106 | 320 | 206 | 160 | Design filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 107 | 490 | 207 | 245 | Plant filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 108 | 710 | 208 | 355 | Reissue filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 114 | 150 | 214 | 75 | Provisional filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extra | Fee from below | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims _____ - 20** = _____ | X _____ | = _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indep. Claims _____ - 3** = _____ | X _____ | = _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple Dependent _____ | | = _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 103 | 18 | 203 | 9 | Claims in excess of 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 102 | 80 | 202 | 40 | Independent claims in excess of 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 104 | 270 | 204 | 135 | Multiple dependent claim | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 108 | 80 | 209 | 40 | **Reissue independent claims over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110 | 18 | 210 | 9 | **Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>** or number previously paid, if greater; For Reissues, see above</p> | | <p>Other fee (specify) : _____</p> <p>Other fee (specify) : _____</p> <p>*Reduced by Basic Filing Fee Paid</p> <p>SUBTOTAL (3) (\$) 520.00</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | |
|-------------------|--------------|-----------------------------------|----------------|
| SUBMITTED BY | | Complete (If applicable) | |
| Name (Print/Type) | Robert Sokol | Registration No. (Attorney/Agent) | 36,013 |
| Signature | | Telephone | 202-371-2600 |
| | | Date | August 1, 2001 |



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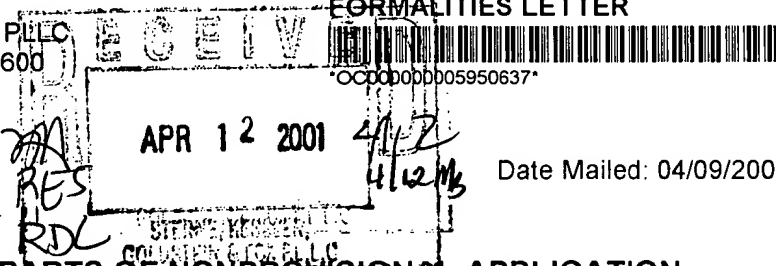
| APPLICATION NUMBER | FILING/RECEIPT DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NUMBER |
|--------------------|---------------------|-----------------------|------------------------|
| 09/801,725 | 03/09/2001 | Tim King | 1591.0050001 |

CONFIRMATION NO. 5084

26111

STERNE, KESSLER, GOLDSTEIN & FOX PLLC
1100 NEW YORK AVENUE, N.W., SUITE 600
WASHINGTON, DC 20005-3934

FORMALITIES LETTER



Date Mailed: 04/09/2001

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is missing.
A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- The balance due by applicant is \$ 130.

*Deal, Add'l fees June 9, 2001
Stat fee November 9, 2001*

DOCKETED

The application is informal since it does not comply with the regulations for the reason(s) indicated below.

The required item(s) identified below must be timely submitted to avoid abandonment:

- Substitute drawings in compliance with 37 CFR 1.84 because:
 - drawing sheets do not have the appropriate margin(s) (see 37 CFR 1.84(g)). Each sheet must include a top margin of at least 2.5 cm. (1 inch), a left side margin of at least 2.5 cm. (1 inch), a right side margin of at least 1.5 cm. (5/8 inch), and bottom margin of at least 1.0 cm. (3/8 inch);

Drawings due June 9, 2001

DOCKETED

A copy of this notice MUST be returned with the reply.

00/03/2001 AZERGAWL 00000042 09801725

02 FC-105

130.00 GP

03/09/2001 09801725
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Serial: 09/10/2001 09801725
Date: 03/09/2001
Fee: 130.00 GP

Freeman

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Initial Patent Examination Division (703) 308-1202

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